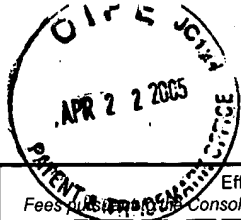


<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/010,352
	Filing Date	November 13, 2001
	First Named Inventor	Shelest
	Group Art Unit	2136
	Examiner Name	Pramila Parthasarathy
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	171135.02

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final (20 pages) <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) ( sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (703) _____. Date <u>4/20/05</u> Signature <u>Carole A. Boelitz</u> Printed Name <u>Carole A. Boelitz</u>	<input checked="" type="checkbox"/> General Power of Attorney (SB80) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Copy of this transmittal form
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT					
Signature	<u>Carole A. Boelitz</u>	Reg. No.	48,958		
Name of Attorney or Agent		Carole A. Boelitz			
Date	<u>4/20/05</u>	Tel.	(425) 722-6035	Facsimile No.	(425) 708-5046
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052			
Customer Number:		22971			



Effective on 12/08/04  
Fees Adjusted by the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) **0.00**

### Complete if Known

Application Number	10/010,352
Filing Date	November 13, 2001
First Named Inventor	Shelest
Examiner Name	Pramila Parthasarathy
Art Unit	2136
Attorney Docket No.	171135.02
Express Mail Label No.	N/A

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 20 - 22 or HP = 0 Extra Claims 0 Fee (\$ ) 50 Fee Paid (\$ ) 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 11 - 13 or HP = 0 Extra Claims 0 Fee (\$ ) 200 Fee Paid (\$ ) 0

HP = highest number of independent claims paid for, if greater than 3

#### Multiple Dependent Claims

Fee (\$ ) 0 Fee Paid (\$ ) 0

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = 0 Extra Sheets 0 / 50 = 0 (round up to a whole) number x 250 = 0 Fee Paid (\$ ) 0

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

Fees Paid (\$ ) 0

0

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) <b>48,958</b>	Telephone (425) 722-6035
Name (Print/Type)	<b>Carole A. Boelitz</b>	Date	<b>4/20/05</b>